

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010391

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 62

ED APR 3 1962

1. PLACE OF DEATH

a. COUNTY

Dunklin

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kennett Mo.

Length of stay in 1b
23 Years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Dunklin County
Memorial Hospital

Inside Limits
XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. ~~Dunklin~~

c. CITY OR TOWN Kennett

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
Route 2

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
Willie Ira Vance

4. DATE OF DEATH
Month Day Year
March 25- 1962

5. SEX
Male

6. COLOR OR RACE
White

7. Marital Status
Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
8-21-1891

9. AGE (last birthday)
70

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farmer

10b. KIND OF BUSINESS OR INDUSTRY
Farming

11. BIRTHPLACE (City and state or country)
Boydsville Ark.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME
J.L. Vance

13b. MOTHER'S MAIDEN NAME
Unknown

14. NAME OF HUSBAND OR WIFE
Myrtle Vance

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
No. XX

16. SOCIAL SECURITY NO.
[Redacted]

17. INFORMANT Address
Myrtle Vance Kennett Mo. Rt. 2

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

*Gastrointestinal hemorrhage
Duodenal Ulcer*

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-18-61 to 3-25-62 and last saw him alive on 3-25-62.
Death occurred at 11.00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Leo J. Beurow M.D.

22b. ADDRESS
Kennett Mo.

22c. DATE SIGNED
3-27-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
3-27-1962

23c. NAME OF CEMETERY OR CREMATORY
Senath Cemetery

23d. LOCATION (City, town, or county)
Senath Mo.

24. FUNERAL DIRECTOR

ADDRESS

Lentz Service

Kennett Mo.

25. DATE RECD. BY LOCAL REG.

3-28-1962

26. REGISTRAR'S SIGNATURE

Carl J. [Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1 0355
2 0350
3
4 0
5 1
6
7 1
8 2
9 541.0
10
11
12 2-0
13 5-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edgar Lee Ford

Licensed Embalmer No. 4433

P. O. Address Kennett Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.